Dual Eligibles Project Stakeholders Meeting Minutes September 19, 2011 1:30-3:00 pm Williston Fire Department

Present: Bard Hill-Duals Staff, Julie Wasserman-Duals Staff, Deborah Lisi-Baker-Consultant, Susan Besio-Consultant, Heidi Tringe-McClean, Meehan & Rice, Stan Able Palmer-VT Legal Aid, Julie Trottier-Cathedral Square, Vicki Loner-DVHA, Marlys Waller-VCDMHS, Harold Nadeau-VCIL, Lorraine Siciliano-DVHA, Judy Spittle-Duals Staff, Sam Liss-SILC, Whitney Nichols-Consumer Rep from Brattleboro, Ken Gordon-NEK Agency on Aging, Lila Richardson-VT Legal Aid, Devon Green-VT Legal Aid, Frank Reed-Dept of Mental Health, Sandy Florsheim-Orleans/Essex VNA.

Agenda:

1) Review schedule and group combinations

Next steps on Person-centered – flesh out the definition of "person-centered" after looking at a variety of definitions by Vermont and national organizations.

Finance and Service Delivery workgroups have been combined. Quality and Outcomes Workgroup will be combined with Finance and Service Delivery Workgroup.

2) RFP's

Draft contracts have been sent to 3 of 4 bidders. Contracts with the 3 entities will be based on the work required to submit the demonstration proposal to CMS. Hopefully the contracts will be signed by the end of the month.

3) Hiring

Judy Spittle, Administrative Support and Julie Wasserman, Project Staff have been hired. A search for a data analyst has been reopened and is proceeding.

4) Coordination with:

- * Blueprint which emphasizes the "medical home" with a focus on primary care, and provider payment reform which focuses on best practices that encourage a "medical home".
- * VCCI improve quality of care and outcomes; coordination without duplication.
- * Pharmacy improved outcomes and lower costs.
- * SASH prevention and early intervention services for people living in congregate housing.
- * PACE Program of All-Inclusive Care for the Elderly (combined Medicare and Medicaid funding) has been in place for 5 years serving approximately 120 Vermonters.
- * VT's Health Care Reform the Duals project needs to be consistent and congruent with health care reform efforts.
- * HIT- Health information technology needs to be developed so that it supports the consumer. This would be a nice fit with the "self management" model of service delivery.
- * VR's Work Incentive program for people with disabilities.
- * Care Transitions AAA's in partnership with others to reduce unnecessary hospitalizations and re-admissions.
- * ADRC Aging & Disability Resource Center is an Administration on Aging and CMS initiative to improve availability of information and services.

* MFP – Money Follows the Person: can funds that assist people who move from institutional care to the community be used for housing? Medicare and Medicaid do not pay for housing when rent is separate and distinct from health care services. The Duals project should coordinate with housing.

5) Consumer/Participant Input

* LTC survey being designed by Market Decisions and U. of Mass – will utilize both telephone and mailing to survey CFC and ASP participants but will not include other dually eligible people such as CRT, DS, TBI, and older people.

Ideas on how to reach other populations:

- * Focus groups led by experienced people.
- * DVHA's Consumer Assessment of Health Plans and Systems (annual survey of random sample of DVHA enrollees).
- * Meet and talk with dually eligible people where they congregate.
- * Hire an organization to survey all 22,000 dually eligible individuals; the organization would need to be sensitive to communication challenges.
- * Obtain input from Advisory Boards and providers.
- 6) AARP has just published a *Scorecard* report on states' long term care systems. The full report can be found at www.longtermscorecard.org VT ranked 20th overall out of 50 states and the District of Columbia. The scoring took into account not only state policy (9 of the 25 indicators), but also insurance and provider access issues. Some of the data look like they may not be accurate; Bard Hill is following up with the authors to understand the methodology behind the results.